

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED DNA	1. DATE OF INCIDENT 07-JUN-2011	TIME 01:48:00	2. ADDRESS OF OCCURRENCE 6226 S WOLCOTT AVE CHICAGO, IL 60636	3. LOCATION CODE 303	4. BEAT/OCCUR 0714				
	5. POSITION 9161	6. LAST NAME SIERRA	7. FIRST NAME GILDARDO	8. STAR NO. 3656	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE <input checked="" type="checkbox"/> S	11. AGE 600	12. HT. 230	13. WT.
	14. DATE OF APPT. 30-SEP-2002	15. EMPLOYEE NO. 007	16. UNIT & BEAT OF ASSIGNMENT 0714R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 03 Day <input checked="" type="checkbox"/> 04 Night	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME FARMER	21. FIRST NAME FLINT	22. M.I. 	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE BLK	25. D.O.B. 	26. HT. 510	27. WT. 170	
	28. ADDRESS 	29. TELEPHONE NO. 	30. WAS SUBJECT ARMED? (OTHER SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? M. E. HINES #69	34. BY WHOM? 	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical/Aid						
	36. CHARGES PLACED 	37. CB NO. 	38. DNA	39. IR NO. 	40. DNA				
	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		39. ASSAULT: ASSAULT FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		40. ASSAULT: BATTERY IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		41. ASSAULT: DEADLY FORCE ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		
	42. MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____		43. MEMBER'S RESPONSE OPEN HAND STRIKE TAKE DOWN/EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Skin) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Disposed) <input type="checkbox"/> OTHER _____		44. MEMBER'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		45. MEMBER'S RESPONSE FIREARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
	46. REASONS FOR USE OF FORCE (Check all that apply) DNA		47. ADDITIONAL INFORMATION POSITION STAR NO. UNIT		48. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		49. WEATHER CONDITIONS CLEAR		
50. WEAPON DISCHARGE INCIDENT WEAPON DISCHARGE INCIDENT		51. WEAPON SERIAL NO. (Include Letters) U663435		52. CHICAGO GUN REG. NO. 630546		53. FIREARM OWNER ID. NO. 			
54. SPECIAL WEAPON CERTIFICATE NO. 		55. PROPERTY INVENTORY NO. 		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1			
58. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		59. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		60. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED. 15		61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)			
62. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD TACTICAL RELOAD		64. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
65. PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		67. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		70. CASE INFO. SIGNATURES 71. RD NO. H1334470-1 1115801292					
72. SIGNATURES REPORTING MEMBER (Print Name) SIERRA, GILDARDO 07-JUN-2011 09:10:34		STAR/EMPLOYEE NO. 3656		SIGNATURE					
73. REVIEWING SUPERVISOR (Print Name) KULBIDA, EDWARD J		STAR NO. 100		SIGNATURE					
74. DATE REVIEWED 07-JUN-2011 09:12:23		TIME 07-JUN-2011 09:12:23							
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below V#1129 6/10/2011 1045950									

CPD-11.377 (REV. 10/07)

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

**WATCH COMMANDER/OCIC REVIEW**

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBERS USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	DNA	REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
Subject DOA			

**76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING**

Based on the preliminary facts known at this time the Undersigned is requesting further investigation into this incident.

**77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION**

<input type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES	<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
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LOG NO./CRNO. 1045950 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) LODDING, HOWARD W	SIGNATURE	DATE COMPLETED	TIME
		07-JUN-2011	09:53:27

**79. DISTRIBUTION OF ORIGINAL TRR:**

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	80. TOTAL TRR'S THIS EVENT NO. 1
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VER 11-29  
LOG # 1045950  
Attachment # 7